

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
1772	BERMUDEZ JORGE ANTONIO	SFC	1974/3/10	W18MAA	M	Skyline-3

Type in a Social Security Number or Scan ID Card

Enter SSN

MEDPROS
-> DARTSAFCITA ->
MEDPROS

- ☐ Radar/microwaves
- ☐ Lasers
- ☐ Loud noises
- ☐ Excessive vibration
- ☐ Industrial pollution
- ☐ Sand/dust
- ☐ Depleted uranium(if
- ☐ Other exposures

Post Deployment Health Assessment (PDHA) TBI Screening Questions

Traumatic Brain Injury (TBI) Supplementary Questions

S1. While deployed, were you exposed to or near a blast, IED explosion, car bomb, suicide explosion, or exposed to any other combat event that caused a blow or jolt to your head?

S2. While deployed, were you involved in a motor vehicle accident, a fall, a sports accident, or any other event that caused a blow to your head or neck whiplash?

DO NOT MAIL THIS FORM TO AMSA

DD FORM 2796, APRIL 2003

Submit

Health Care Provider Only

Post Deployment Health Care Provider Review, Interview, and Assessment SSN 401-33-1772

Interview

1. Would you say your health in general is:
2. Do you have any medical or dental problems that developed during this deployment?
3. Are you currently on a profile, or light duty?
4. During this deployment have you sought, or intend to seek, counseling or care for your mental health?
5. Do you have concerns about possible exposures or events during this deployment that you feel may effect your health?

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11. Over the PAST MONTH, have you been bothered by the following?

a. Little interest or pleasure in doing things b. Feeling down, depressed, or hopeless

12. If you checked off any problem

difficult have these problems made

at home, or get along with other

13. Would you like to schedule a

discuss your health concern(s)?

14. Are you currently interested

stress, emotional or alcohol conc

15. Are you currently interested in receiving assistance for a family or relationship

concern?

16. Would you like to schedule a visit with a chaplain or a community support

counselor?

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Survey Date 2007/05/22

SSN 401331772

Health Care Provider Only

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:

2. Ask behavioral risk questions.

Post Deployment Health Reassessment (PDHRA) TBI Screening Questions